U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fadure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 22098	2. F scal Year Covered From:		
	01/01/14 Through: 12/31/04		
3 Name and address of person filing	4. Name, file number, and address of labor organization.		
Name KRISTINE E NEUNS	Name ACTORS Equity ASSLIPTION		
	Labor Organization File Number 006 029		
P.O. Box, Bldg., Room No , if any	P.O. Box, Building and Room Number, if any		
Street 325 W. 45 st.	Street 165 WEST 46th St.		
City New York City	City NEW YORK CITY		
State NY ZIP Code + 4 10036	State ZIP Code + 4 1003 6		
5. Position in labor organization. EASTERN PEGION ALPRINCIPAL Councillor			
Enter appropriate data below If, during the past fisical year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (inc uding loans) with, or derived income or other economic benefit of mot applicable monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			

Signature

ZIP Cod∈ + 4

7.b. Amount.

15. Signature and verification. The undersigned ceclares, under penalty of	Perjury and other applicable pe	natties of the law, that all of the information	
submitted in this report (including the information contained in any accompany	ing documents), has been exar	nined by the signatory and is, to the best of the	
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
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The second se	1 /		
Signed Fruting E. Tlavins	- 8/1/	212-582-4362	
Signed of rules and livery	On 0/2/17	はは つりなー 1706 み	

Date

Street

City

State

P.O. Box, Bldg., Room No., if any

Telephone Number

I am one of 75 elected volunteer councilors who, along with eight elected officers, comprise the council of Actors' Equity Association. In my capacity as a Tony Voter, I receive complimentary tickets to Tony-eligible productions. The tickets have no monetary resale value

Tristero Havens